



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of  
David C. Greenspan  
Application No.: 09/560,475  
Filing Date: April 28, 2000  
Title: Anti-Inflammatory Bioactive Glass Particulates

Box: NON-FEE AMENDMENT

Group Art Unit: 1615  
Examiner: Amy E. Pulliam  
Confirmation No.: 3797

OCT 28 2002

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TECH CENTER 1600/2900

AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

- ☒ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 (2814) ☐ \$110.00 (1814) to cover the requisite Government fee are also enclosed.
- ☐ Also enclosed is/are .
- ☒ Small entity status is hereby claimed.
- ☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$370.00 (2801) ☐ \$740.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted \_\_\_\_\_ on \_\_\_\_\_, for which continued examination is requested.
- ☐ Applicant(s) requests suspension of action by the Office until at least \_\_\_\_\_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
- ☐ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	11	MINUS 15 =	0	x \$18.00 (1202) =	\$ 0.00
Independent Claims	1	MINUS 6 =	0	x \$84.00 (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add \$280.00 (1203)					\$ 0.00
Total Amendment Fee					\$ 0.00
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Amendment Fee					\$ 0.00
<b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>					<b>\$ 0.00</b>

☐ A claim fee in the amount of \_\_\_\_\_ is enclosed.

☐ Charge \_\_\_\_\_ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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Date: October 23, 2002

By

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